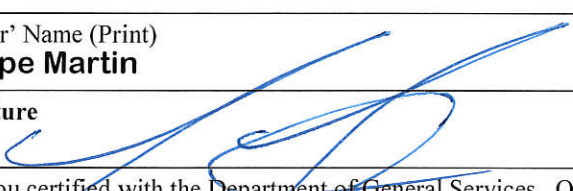


ATTACHMENT 6
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name Martin Brothers Construction	2. Telephone Number 916 381-0911	2a. Fax Number 916 381-0611
2b. Email Address fmartin@martinbrothers.net		
3. Address 8801 Folsom Blvd Suite 260 Sacramento, CA 95826		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		State Tax Id No 432-4701-4
7. Federal Employee ID No. (FEIN) 68-0377885	8. California Corporation No. 1963954	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000000017		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 726454 - A	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) Felipe Martin	13. Title President	
14. Signature 	15. Date April 13, 2017	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: _____		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter your service code below: _____		
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".		
Date application was submitted to OSDS, if an application is pending: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):			CONTRACT NO.		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	1725 1800	Tons	Remove and Replace Asphalt with HMA as described in Exhibit A, Scope of Work	\$ 167.93	\$ 302,274.00
<p>(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.</p> <p>(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.</p>					TOTAL THIS PROPOSAL \$ 302,274.00

ATTACHMENT 2

State of California—Department of General Services, Procurement Division
GSPD-05-103 (REV 08/09)

Solicitation Number _____

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): _____ or None ☒ (If "None", go to Item #2)
- b. Will subcontractors be used for this contract? Yes ☐ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Jay's Trucking Service Jay Cavender 916-437-8592 916-681-9487 Fax	PO Box 442 Elk Grove CA 95624 jayracer440@ yahoo.com	DVBE/ SBE Id No 57203	Trucking	7%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	N/A
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

DIR Reg No
1000026977

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Jay's Trucking Service

Rock, Gravel, Sand, Asphalt, and Heavy Haul

PO Box 442, Elk Grove, CA 95624

Phone: 916-437-8592 Fax: 916-681-9487

CA207979 DVBE/SB# 57203 DIR# 1000026977

.....

Attn: Phil

fmartin@martinbrothers.net

Project:

Tonnage Rates Available Upon Request

Other EQUIPMENT available for DVBE/SB Bid:

2005 710 Backhoe
2015 410 Backhoe
2009 328 Excavator
2005 Case Skip loader

Call for rates and availability.

Thanks,

Jay Cavender
Jay's Trucking Service
916-437-8592

Jay's Trucking Service

Rock, Gravel, Sand, Asphalt, and Heavy Haul

PO Box 442, Elk Grove, CA 95624

Phone: 916-437-8592 Fax: 916-681-9487

CA207979 DVBE/SB# 57203 DIR# 1000026977

2017 Trucking Rates

10 WHEEL RATE:	Hourly Rate:	On/Off Rate*:	Prevailing Wage:
Weekday	\$93.00	\$103.00	\$133.00
Saturday/Night/Out of Area	\$103.00	\$108.00	\$135.00
Sunday/Holidays	\$108.00	\$113.00	\$140.00

Transfer Rate/Water Truck:	Hourly Rate:	On/Off Rate*:	Prevailing Wage:
Weekday	\$98.00	\$108.00	\$140.00
Saturday/Night/Out of Area	\$108.00	\$113.00	\$145.00
Sunday/Holidays	\$118.00	\$123.00	\$148.00

End Dump Rate (Semi Bottoms):	Hourly Rate:	On/Off Rate*:	Prevailing Wage:
Weekday	\$98.00	\$108.00	\$140.00
Saturday/Night/Out of Area	\$108.00	\$113.00	\$145.00
Sunday/Holidays	\$118.00	\$123.00	\$148.00

Flat Bed Rate: (Gate to Gate):	Legal Load	Oversize Legal Load	Prevailing Wage:
Weekday	\$105.00	\$140.00	N/A
Saturday/Night/Out of Area	\$120.00	\$145.00	N/A
Sunday/Holidays	\$125.00	\$150.00	N/A

Heavy Haul Rate: (Gate to Gate)	Legal Load	Oversize Legal Load	Prevailing Wage:
Weekday	\$125.00	\$140.00	N/A
Saturday/Night/Out of Area	\$130.00	\$145.00	N/A
Sunday/Holidays	\$135.00	\$150.00	N/A

One Way Travel Time for all out of town jobs. **Tonnage Rates Available.**

***On/Off rate** represents delivery to jobsite only and does not include working on jobsite.

Drivers working on jobsite will be charged at prevailing wage rate.

ADDITIONAL INFORMATION

TRANSFER TONAGE RATE AVAILABLE DEPENDING ON PLANT TO JOB LOCATION. CALL FOR PRICING. RATES SUBJECT TO FUEL SURCHARGE ON PRICE ABOVE \$4.00 PER GALLON. ONE WAY TRAVEL TIME MAY APPLY ON ALL RATES. 4 HOUR MINIMUM ON COMBINATION TRUCK RATES. 3 HOUR MINIMUM ON TEN WHEEL RATES. 2017 RATES, ADD 5% PER CALENDAR YEAR THEREAFTER.

Contractor: _____ Date: _____

Trucker: _____ Date: _____

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

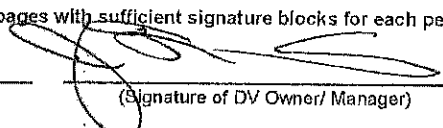
SECTION 1Name of certified DVBE: Jay's Trucking Service DVBE Ref. Number: 57203

Description (materials/supplies/services/equipment proposed): _____

Solicitation/Contract Number: 10A1864 SCPRS Ref. Number: _____
(FOR STATE USE ONLY)**SECTION 2****APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Jay T. Cavender
(Printed Name of DV Owner/Manager)
(Signature of DV Owner/Manager)4/13/17
(Date Signed)_____
(Printed Name of DV Owner/Manager)_____
(Signature of DV Owner/Manager)_____
(Date Signed)Firm/Principal for whom the DVBE is acting as a broker or agent: _____
(If more than one firm, list on extra sheets.) (Print or Type Name)Firm/Principal Phone: 916-437-8592 Address: PO Box 442, Elk Grove, CA 95759**SECTION 3****APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.**

- ☐ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

(Printed Name)_____
(Signature)_____
(Date Signed)_____
(Address of Owner)_____
(Telephone)_____
(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)_____
(Signature of DV Manager)_____
(Date Signed)